 **Centre for Neurological Disease Models**

Tel: 514-398-1403 REQUEST FOR TECHNICAL SERVICES

[CNDM-VTS.neuro@mcgill.ca](mailto:CNDM-VTS.neuro@mcgill.ca)

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| Investigator: | Protocol Number: | Phone number: |
| Contact: | Email: | |
| FOAPAL number: | Request date: Click or tap to enter a date. | Date/time required: |

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| Species: **Rodent:** Mouse Rat  **NHP**: Macaque  Marmoset |
| Procedures: Choose an item. Other: |

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| Please provide details of requested procedure (must be described in currently approved animal use protocol): |
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**Please submit your filled request by email at** [CNDM-VTS.neuro@mcgill.ca](mailto:CNDM-VTS.neuro@mcgill.ca) **at least two (2) working days in advance.**

 **Centre for Neurological Disease Models**

Tel: 514-398-1403 REQUEST FOR CONSUMABLES

[CNDM-VTS.neuro@mcgill.ca](mailto:CNDM-VTS.neuro@mcgill.ca)

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| Investigator: | Protocol Number: | Phone number: |
| Contact: | Email: | |
| FOAPAL number: | Request date: Click or tap to enter a date. |  |

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| Date required | Product |  | Quantity |
| Click or tap to enter a date. | Choose an item. |  |  |
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